

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

### Funeral Service Director

#### APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Select ONE:**

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: \_\_\_\_\_

**Driver License  
or State ID Card**

\_\_\_\_\_  
*State of Issue License Number Expiration Date*

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

#### AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

## QUALIFYING QUESTIONNAIRE

**Read thoroughly, and answer each question. Do not leave any question blank.**

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any criminal action pending?*
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been incarcerated for any reason in any correctional facility ( <i>domestic or foreign</i> ) in any jurisdiction or on probation/parole in any jurisdiction?*

**\*NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to Questions 9,10,11 or 12 you must submit the following for **EACH** and **EVERY** incident:

- Personal account of the incident
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

## PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

## PROFESSIONAL EDUCATION

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_ Degree Received: \_\_\_\_\_

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_ Degree Received: \_\_\_\_\_

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_ Degree Received: \_\_\_\_\_

## PROFESSIONAL EMPLOYMENT

Applicants for **initial licensure** must document have completed not less than 2,000 hours and 50 embalmings, over a period of not less than one year as a licensed funeral service intern under the supervision of a licensed funeral service director.

Applicants for **licensure by endorsement** must document five years of lawful and active practice as a licensed funeral service director and embalmer within the ten years immediately preceding the application for licensure by endorsement.

Please list each employer below. Additionally, you must include a verification of work experience completed by each employer with your application. (See pages x an x.)

Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

# Verification of Work Experience as a Licensed Funeral Service Intern

## APPLICANT INFORMATION

To be completed by the applicant:

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Mailing Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**License Number** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

## EMPLOYMENT INFORMATION

To be completed by the Funeral Establishment Employer:

**Name of Establishment:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Establishment Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**Telephone Number** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Dates of Supervision:** \_\_\_\_\_ to \_\_\_\_\_ **Total Number of Embalmings Performed:** \_\_\_\_\_  
*MM/DD/YYYY MM/DD/YYYY*

**Approximate Number of Hours Worked Per Week:** \_\_\_\_\_ **Total Hours Worked:** \_\_\_\_\_

I certify that the applicant has completed the internship program for licensure as a funeral service director

I do hereby certify that the applicant:

is qualified and competent to practice as a licensed funeral service director.

is not qualified and competent to practice as a licensed funeral service director.

\*If the applicant is not qualified, please explain the nature of the problem and recommendations for becoming qualified.

I further certify that the information contained in this verification is truthful, complete and discloses all material facts regarding the applicant.

I understand that is unlawful and punishable as a Class A misdemeanor to apply for or obtain a license or to otherwise deal with DOPL through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement or omission.

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Verification of Work Experience as a Licensed Funeral Service Director

## APPLICANT INFORMATION

To be completed by the applicant:

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Mailing Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**License Number** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

## EMPLOYMENT INFORMATION

To be completed by the Funeral Establishment Employer:

**Name of Establishment:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Establishment Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**Telephone Number** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_  
*MM/DD/YYYY MM/DD/YYYY*

**Approximate Number of Hours Worked Per Week:** \_\_\_\_\_ **Total Hours Worked:** \_\_\_\_\_

I do hereby certify that the applicant:

- is qualified and competent to practice as a licensed funeral service director.
- is not qualified and competent to practice as a licensed funeral service director.

\*If the applicant is not qualified, please explain the nature of the problem and recommendations for becoming qualified.

I further certify that the information contained in this verification is truthful, complete and discloses all material facts regarding the applicant. I certify that the applicant has completed the full time experience outlined above as a funeral service director.

I understand that is unlawful and punishable as a Class A misdemeanor to apply for or obtain a license or to otherwise deal with DOPL through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement or omission.

Signature of Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of the Authorized Signer: \_\_\_\_\_

Position of Authorized Signer: \_\_\_\_\_

# Request for Verification of License

Use this form to verify licensure in another state, if applicable.

It is recommended you contact the other state to verify fees and time to process before submitting your request or application.

## APPLICANT INFORMATION

To be completed by the applicant:

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Mailing Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**License Number** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

## LICENSE INFORMATION

To be completed by the verifying agency:

Please furnish the information requested, sign and verify the document and mail it directly to DOPL OR place the completed form in a sealed envelope and provide it to the applicant to include in their application to Utah.

**Name of Verifying State:** \_\_\_\_\_ **Classification of License Issued:** \_\_\_\_\_

**License Number:** \_\_\_\_\_ **Current Status:** \_\_\_\_\_

**Original Date of Issue:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Does your state Funeral Director License include embalming?

Yes  No, please explain: \_\_\_\_\_

Has the licensee been continuously licensed?

Yes  No, please explain: \_\_\_\_\_

Licensed by:

Exam, Type: \_\_\_\_\_

Endorsement, please indicate state endorsed from: \_\_\_\_\_

Exam Scores: \_\_\_\_\_

Education Required for Licensure: \_\_\_\_\_

Is there disciplinary action or pending disciplinary action?

No  Yes, please provide certified copies of all Petitions, Orders, etc.

**Signature of Verifying Official:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

{Seal}

**Date:** \_\_\_\_\_

## APPLICATION INSTRUCTIONS AND CHECKLIST

This checklist is for your convenience, you do not need to include it with your application.

**NOTE:** Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

### ALL APPLICANTS

**All applicants** are required to submit following items to complete the application:

- \$160.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire". See page 2 of the application for more information.
- Submit an original letter or certification from the Conference of Funeral Service Examining Board documenting your passing score on the funeral service examination.
- Pass the Utah Funeral Service Director Law and Rule Examination. DOPL's testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267 to register for the Law and Rule Examination. Submit the fees directly to the testing agency. **\*Note:** *If you took this exam when you applied for your Funeral Service Intern license after October 24, 2014, you do not need to take the exam again.*
- Submit a copy of your Utah Insurance Department license, if you will be selling preneed funeral arrangement to be funded in whole or in part by an insurance policy or product.

### INITIAL LICENSURE

If applying for **Initial Licensure**, *in addition* to the items required for all applicants, you must submit:

- Official transcripts documenting completion of an associate degree in a mortuary science program accredited by the American Board of Funeral Service Education or other accrediting body recognized by the U.S. Department of Education. Note: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.
- Verification of Work Experience as a Licensed Funeral Service Intern (*page 3 of this application*) documenting a minimum of 2,000 hours and 50 embalmings over a period of not less than one year. Please use a separate form for each establishment/employer.

### LICENSURE BY ENDORSEMENT

If practicing fulltime as a licensed funeral service director, including embalming, in another state for 5 of the past 10 years, you may apply for **Licensure by Endorsement**. *In addition* to the items required by all applicants, you must submit the following:

- Verification of Work Experience as a Licensed Funeral Service Director (*page 4 of this application*) documenting full time employment as a licensed embalmer or funeral service director for 5 of the past 10 years immediately preceding the date of this application. Please use a separate form for each establishment/employer.
- Official verification of license from at least one state in which you are currently licensed as a funeral service director which includes embalming (*page 5 of this application*).

Submit the above items with your completed application to:

**In person or via express delivery:**

Division of Occupational and Professional Licensing  
Heber M Wells Building, 1<sup>st</sup> Floor Lobby  
160 E 300 S  
Salt Lake City, UT 84111

**US Postal Service:**

Division of Occupational and Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741